



### IMPROVEMENT ACTION PLAN

Employee: Jessica Fountain  
Job Title: Account Executive  
Employee ID: 182925

Department: RSAG  
Supervisor: Jared Kirkpatrick  
Date: 10/10/2012

#### I: Summary of improvement needed

As you are aware, the minimum quota each Account Executive must achieve is 10 contract approvals (locations) per month, a sales volume of \$2,400,000 per month, a year to date total revenue percentage of 80% - 100%, and various lease, equipment, and Payment Essentials penetration percentages.

Over the last three months you have not achieved this minimum quota. Specifically, during the last three months, your sales production was as follows:

Month	Approved Accounts	Approved Volume	YTD Total Revenue
July 2012	0	\$0	60%
August 2012	1	\$50,000	55%
September 2012	1	\$750,000	TBD%

The problem areas are outlined below as well as what you must do to improve. You are being placed on an Improvement Action Plan for **90 days**, October 10, 2012 – January 10, 2013.

#### II. Detail of issue(s)

##### Issue #1: Inadequate prospecting and appointment generation.

**Goal or Expectation:** Generate and record in SFDC three quality opportunities daily with follow up tasks.

##### Action Plan:

1. Complete 30 cold calls daily to schedule 3 leads.
2. Contact 9 clients daily to generate 3 M2M referrals.
3. Complete the attached merchant prospecting list daily.
4. Continue attending weekly scheduled One on Ones to discuss your progress.

##### Issue #2: Not meeting Company Sales Objectives of 10 approved locations, 2.7 Million approved volume, and \$3,300 in Net Equipment Revenue

**Goal or Expectation:** 10 approved accounts, 2.7 million approved Volume, and \$3,300 net equipment revenue monthly is expected.

##### Action Plan:

1. Complete daily pipeline/lead specialist report (separate document) listing the 30 businesses you visited each day emailed by 7:00 pm each day.
2. Generate 3 new appointments/opportunities a day

**Issue #3: Lack of attendance on mandatory team calls.**

**Goal or Expectation:** 100% attendance on all team calls and scheduled one on ones unless your absence has been explained and approved beforehand.

**Action Plan:**

1. Attend all Monday morning team calls from 9:00 am to 10:00 am EST.
2. Participate in all weekly One on Ones as scheduled.
3. In the event that you will be unable to attend either call, a notification that you will not be attending as well as the specific reason for your absence must be provided no less than 24 hours in advance.

**III. Follow-up/ IAP Policies**

We will meet on a weekly basis to discuss your progress. These meetings are a shared responsibility. If you are unable to make a scheduled meeting time, it is your responsibility to reschedule.

You need to come to our meetings prepared to:

- Show the results of your work
- Explain what you did to accomplish the goals in order to help replicate success in the future
- If any goal was not met, you need to explain why it was not completed
- Discuss further opportunities for improvement
- Ask questions and discuss any additional guidance or support required for you to successfully complete the action items

This Improvement Action Plan will remain in effect for **90 days**. This document and your progress will be reviewed periodically during this time period. If at any time during this period you have failed to meet the above objectives, your employment may be terminated. If you consistently meet the above objectives for the entire length of the plan, this Improvement Action Plan will be discontinued. In addition, you must sustain improved performance in the future. Failure to meet and sustain the objectives of this plan, or other performance issues occurring at any time during or after this plan, will result in further corrective action, up to and including the immediate termination of your employment. **During and after this plan, your employment remains at will and either you or the company can terminate your employment for any reason.**

Any employee on a current Improvement Action Plan (IAP) may not be eligible for a merit increase.

Additionally, you cannot post for other positions or be promoted during the term of your plan.

**Statement of Understanding:**

I understand that my signature is acknowledgement that I have discussed this document with my manager. I have read and understand the document and realize that I have placed my position in jeopardy. I realize the course of action that will be taken if I am unable to successfully meet these expectations. I have been given a copy for my records. A facsimile, photocopy or PDF signature will have the same force and effect as the original

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_